# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2011**
**Secretary of State**

DOCUMENT# L03000017271

**Entity Name:** PAIN CARE FIRST OF ORLANDO, LLC

**Current Principal Place of Business:**

5705 90TH AVENUE CIR E
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 642
ELLENTON, FL 34222

**New Mailing Address:**

**FEI Number: 56-2359823** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATHERINE L. SMITH, P.A.
6151 LAKE OSPREY DRIVE
THIRD FLOOR
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: PAIN CARE FIRST, INC.
Address: 5705 90TH AVENUE CIR E
City-St-Zip: PARRISH, FL 34219

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: KENNETH LESTER PRES 05/01/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date